

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.

[REDACTED]

Samuel Johnson, Off.  
 Draper Correctional Facility  
 P.O. Box 1107  
 Elmore, AL 36025

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

 C. Bell
 Agent  
 Addressee
 

## B. Received by (Printed Name)

C. Bell

## C. Date of Delivery

4/18/07

Is your address different from item 1?  Yes  
 Enter delivery address below:  No

## 3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input checked="" type="checkbox"/> C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes

## 2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.

[REDACTED]

Phyllis Billups, Deputy Warden  
 Draper Correctional Facility  
 P.O. Box 1107  
 Elmore, AL 36025

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

 C. Bell
 Agent  
 Addressee
 

## B. Received by (Printed Name)

C. Bell

## C. Date of Delivery

4/18/07

Is your address different from item 1?  Yes  
 Enter delivery address below:  No

070219

Proc order CMY

## 3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

## 4. Restricted Delivery? (Extra Fee)

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